

City of Encinitas
City Manager's Office

Dear Grant Recipient,

Enclosed is the FY 2016-17 Community Grant Program (CGP) Request for Reimbursement Form and the Evaluation Form.

Please keep in mind that you will need to request reimbursement of the grant funds from the City of Encinitas no later than 4:00 p.m., June 15, 2017. To receive the grant money you must submit the original signed Request for Reimbursement Form, along with supporting documentation of paid expenses.

In addition to the Request for Reimbursement, all grant recipients must provide the City with an Evaluation Form. Conducting an evaluation of the project is an important and beneficial endeavor and is a requirement of the CGP. The Evaluation Form takes you through a step-by-step process—please gather project staff and volunteers together at the completion of your project to discuss and evaluate the project. This procedure will help to document your project successes and establish ways to improve your organization's future endeavors.

Should you have any questions, please feel free to contact Bob McSeveney in the City Manager's Office at 760-633-2610, bmcseveney@encinitasca.gov.

Sincerely,

Bob McSeveney
City Manager's Office
760-633-2610

Enclosures

CITY OF ENCINITAS AND MIZEL FAMILY FOUNDATION COMMUNITY GRANT PROGRAM

LIST OF REQUIREMENTS

AGREEMENT

Grant recipients (RECIPIENT) and the City (CITY) enter into an agreement with the RECIPIENT agreeing to the terms to complete the funded Community Grant Program (CGP) project. RECIPIENT must list 3 officers, sign and date the agreement and return it to the CITY within 30 days.

INSURANCE

1) All grant recipients are required to obtain and, during the term of the grant cycle, maintain general liability and property damage insurance from an insurance company authorized to be in business in the State of California, in an insurable amount of not less than one million dollars (\$1,000,000) for each occurrence.

2) The grantee's insurance company must provide a "Certificate of Insurance" naming both: A) **CITY OF ENCINITAS**, and B) **MIZEL FAMILY FOUNDATION**, as the "Certificate Holder" and as an "Additional Insured" by Endorsement on these policies and further, have the Endorsement sent to: City Manager's Office, City of Encinitas, 505 S. Vulcan Avenue, Encinitas, CA 92024.

3) The aforementioned insurance policies shall not be canceled, terminated, or allowed to expire without thirty days prior written notice to the CITY.

4) Any person who drives an automobile in conjunction with the funded project or program shall have automobile liability insurance coverage on the vehicle.

MARKETING

As soon as dates are established for events/activities that are open to the public, RECIPIENT is required to complete the Event Notification Form and return to staff. City Newsletter, email blasts and news releases can include this data.

DONOR RECOGNITION

RECIPIENT is required to recognize this grant in all print materials for the funded project or program, information released to the media and in donor listings. The listing should read:

"Funded in part by the City of Encinitas and Mizel Family Foundation Community Grant Program."

The Mizel Family Foundation does not wish to receive solicitations of any kind and has requested grant recipients not contact them in any way. If you wish to send a thank you note or letter, please send it to the City Manager's Department and it will be forwarded. Thank you for your consideration of this request.

REIMBURSEMENT PROCEDURE

Payment of grant funds to the RECIPIENT is by a single reimbursement only, when the total grant allocation has been expended or, if full funding is not utilized, upon completion of the project. **The project and all related expenditures must occur during the fiscal year, July 1, 2016 – June 30, 2017.** We request you submit the completed Evaluation and Request for Reimbursement forms, along with supporting documentation (copies of receipts, paid invoices, cancelled checks) at the same time, if possible. Send documentation to: City Manager's Department, City of Encinitas, 505 S. Vulcan Avenue, Encinitas, CA 92024.

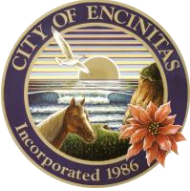
The Request for Reimbursement Form and supporting documentation must be received into the City Manager's Office on or before 4:00 p.m., June 15, 2017.

EVALUATION PROCEDURE

Conducting an evaluation of the project is an important and beneficial endeavor and is a requirement of the CGP. The Evaluation Form takes you through a step-by-step process—please gather project staff and volunteers together at the completion of your project. This procedure will help to document your project success and ways to improve future endeavors.

STAFF ASSISTANCE

To receive copies of the forms or seek assistance, please contact Bob McSeveney in the City Manager's Office at 760-633-2610, bmcseveney@encinitasca.gov.



REIMBURSEMENT FORM

CITY OF ENCINITAS AND MIZEL FAMILY FOUNDATION COMMUNITY GRANT PROGRAM

FY 2016-17

Date: _____

Organization: _____
Contact Person: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Project Title: _____
Grant Allocation \$ _____

Total Expenses for the project: _____

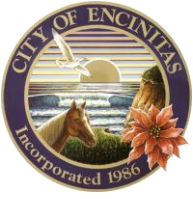
Itemized Expenses:

Type	Description	Invoice or Check #	Amount
TOTAL			

I certify that the costs outlined in this request have been incurred in accordance with the approved project/program proposal as set forth in the grant agreement document and that the information is accurate and complete.

THIS FORM CANNOT BE EMAILED OR FAXED, WE NEED AN ORIGINAL SIGNATURE.
Deadline to Submit Reimbursement Form and Supporting Documentation is 4pm, June 15, 2017.

Name: _____ Signature: _____



EVALUATION FORM

CITY OF ENCINITAS AND MIZEL FAMILY FOUNDATION COMMUNITY GRANT PROGRAM

FY 2016-17

Date _____

Organization: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax _____

Email: _____

State the goals and objectives of your project and whether they have been met.

How were the goals and objectives of your project measured?

Who participated in the evaluation process?

How was the City's funding for this project utilized?

How many Encinitas residents did you expect to serve through the project?

How many Encinitas residents did you actually serve through the project?

Based on the outcome of this year's project, what changes/improvements will you make next year?

Positive outcomes?

Negative outcomes?

☐ Please attach copies of all printed materials, articles and press clippings.

☐ Please attach a copy of newspaper articles or media coverage on the project.

Signature

Date

Name (print or type)

Title

Upon completion of the project please submit this form and attachments to:

City Manager's Office
City of Encinitas
505 S. Vulcan Avenue
Encinitas, CA 92024

NOTE: This form must be submitted no later than June 30, 2017. Applicants who fail to submit their evaluation form may be ineligible for grant funding in FY2017-18.

Tel 760/633-2600 FAX 760/633-2818, 505 South Vulcan Avenue, Encinitas, CA 92024 TDD 760/633-2700



EVENT NOTIFICATION FORM

CITY OF ENCINITAS AND MIZEL FAMILY FOUNDATION COMMUNITY GRANT PROGRAM FY 2016-17

Each CGP Contractor must provide event or activity information that lists when the project will be carried out. This information will be made public. Representatives from the city (council members, staff, and/or commission members) will be provided this information and may attend the activity or event. Their observations and comments can be added to evaluation documentation. If the project occurs more than once and/or at various locations, please make copies of this form and list each activity or event separately.

Contractor Name _____

Project Name _____

Contact Person _____ Phone _____

Email _____

Event Date _____ Event Time _____

Duration of Event/Activity Start: _____ End: _____

Location Name _____

Address _____

Location Phone Number _____

Contact Person at the Event _____ Cell Phone _____

Event/Activity Open to the Public? Yes ☐ No ☐

School/Group Based Event/Activity? Yes ☐ No ☐

Free to the Public? Yes ☐ No ☐

Tickets Required? Yes ☐ No ☐

Ticket Cost: \$ _____

Is the Media Anticipated to Attend: Yes ☐ No ☐

Additional Event Information:

Email, fax or mail this form to: City Manager's Office
City of Encinitas
505 S. Vulcan Avenue
Encinitas, CA 92024
Fax: 760-633-2627